

Coding Complex Morphologic Diagnoses





Coding Complex Morphologic Diagnoses

The basis of this presentation is SEER training materials from August 2002 updated with information from the *SEER Program Coding and Staging Manual 2004*.



Coding Complex Morphologic Diagnoses

- Effective for cases coded with ICD-O-3
 - Diagnosed 01/01/2001 and after
- Definition
 - Diagnoses that challenge usual rules
 - Different cell types in one tumor
 - Different subtype of same basic cell type
 - Codes that identify tumors with multiple histologic entities



Coding Complex Morphologic Diagnoses

■ Problem

- Pathologists' use “category terms”
- Pathologists' use of “mixed” to mean different things
- Pathologists' use of “type” and “subtype” interchangeably
- Registrars aren't pathologists



Coding Complex Morphologic Diagnoses

- Solution

- Combination codes

- **Reduce over counting**

- **Flag specific situations**

- **Useful but require extra skills**



Coding Complex Morphologic Diagnoses

■ Terminology

- Most cases, mixed = combined
 - **Mixed sometimes indicate unique tumor not combination**
- Type:
 - **Different cell**
 - **Variant of same cell**



Coding Complex Morphologic Diagnoses

■ Terminology

- Terms used interchangeably
- Collision tumor:
 - **Two separate primaries that grow together**
- Complex code sometimes a category
 - **Not always specific histologic diagnosis**



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Single Tumor
 - Pages 86 and 87 of *SEER Program Coding and Staging Manual 2004*
 - Rules are in hierarchical order and rule 1 has highest priority
 - Apply rules in priority order
 - Use the first rule that applies



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Single Tumor
 - I. Code histology if only one type is mentioned in pathology report
 - II. Code the invasive histology when both invasive and in situ tumor are present



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■ *Example:*

- Infiltrating ductal carcinoma and cribriform ductal carcinoma in situ

Code 8500/3, infiltrating ductal carcinoma



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- Histology Coding Rules for Single Tumor
 - III. Use a mixed histology code if one exists
 - **8940 Mixed tumor, NOS**
 - **9085 Mixed germ cell tumor**
 - **8855 Mixed liposarcoma**
 - **8990 Mixed mesenchymal sarcoma**
 - **9362 Mixed pineal tumor**



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- *Example:*

- Mixed pineocytoma and pineoblastoma

Code 9362/3, mixed pineal tumor



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Single Tumor
 - IV. Use a combination histology code
 - **8255 Adenocarcinoma with mixed subtypes**
 - **8523 Infiltrating duct carcinoma mixed with other types of carcinoma**
 - **8524 Infiltrating lobular carcinoma mixed with other types of carcinoma**



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■ *Example:*

- Renal cell carcinoma, mixed clear cell and chromophobe types

Code 8255/3, adenocarcinoma with mixed subtypes



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■ *Example:*

- Duct carcinoma and tubular carcinoma

**Code 8523/3, infiltrating duct mixed
with other types of carcinoma**



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■ *Example:*

- Ductal carcinoma in situ and cribriform carcinoma in situ

Code 8523/2, in situ duct mixed with other types of carcinoma



Coding Complex Morphologic Diagnoses

■ *Example:*

- Lobular and adenoid cystic carcinoma

Code as 8524/3, infiltrating lobular mixed with other types of carcinoma



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■ *Example:*

- Mixed alpha and beta cell carcinoma of the pancreas

**Code 8323/3, mixed cell
adenocarcinoma**



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- Histology Coding Rules for Single Tumor
 - IV. Use a combination histology code
 - **Use combination code if diagnosis includes more than one subtype**



Coding Complex Morphologic Diagnoses

■ *Example:*

- Duct carcinoma, cribriform and comedo types

**Code 8523/3, infiltrating duct mixed
with other types of carcinoma**

- Ductal carcinoma in situ showing both solid
and cribriforming subtypes

**Code 8523/2, in situ duct mixed with
other types of carcinoma**



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Single Tumor
 - V. Code more specific morphology
 - **Non-specific morphologies: Carcinoma, adenocarcinoma, melanoma, sarcoma**
 - **Renal cell and duct cell refer to organ systems**



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■ *Example:*

- Poorly differentiated carcinoma, probably squamous in origin

Code 8070/3, squamous cell carcinoma

- Duct carcinoma, cribriform

Code 8201/3, cribriform carcinoma



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Single Tumor
 - VI. Code majority of tumor
 - **Terms that mean majority of tumor:**
 - **Predominantly; with features of; major; type (eff. 1/1/99); with....differentiation (eff. 1/1/99); pattern and architecture (if in CAP protocol; eff. 1/1/2003)**



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Single Tumor
 - VI. Code majority of tumor
 - **Terms that DO NOT mean majority of tumor:**
 - **With foci of; focus of/focal; areas of; elements of; component (eff. 1/1/99)**



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■ *Examples:*

- Ductal carcinoma, tubular type
Code 8211/3 tubular carcinoma
- Duct carcinoma with apocrine features
Code 8401/2 apocrine carcinoma



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Single Tumor
 - VII. Code the numerically higher ICD-O-3 code
 - **Used infrequently—rule with lowest priority**



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■ *Example:*

- Pleural tumor containing malignant mesothelioma (9050/3) and neuroendocrine tumor (8246/3)

Code 9050/3, malignant mesothelioma



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Multiple Tumors with Different Behaviors in the Same Organ (Single Primary)
 - I. Code the histology of the invasive tumor when one lesion is in situ and one lesion is invasive



Coding Complex Morphologic Diagnoses

■ *Example:*

- Excised from right UOQ lesion with invasive ductal carcinoma and 2nd lesion with intraductal carcinoma

Code 8500/3 invasive ductal carcinoma



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Multiple Tumors in Same Organ Reported as a Single Primary
 - I. Code the histology when multiple tumors have the same histology
 - II. Code the histology to adenocarcinoma when there is an adenocarcinoma and a adenocarcinoma in a polyp in the same segment of colon/rectum



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Multiple Tumors in Same Organ Reported as a Single Primary
 - III. Code histology to carcinoma when there is a carcinoma and a carcinoma in a polyp in the same segment of colon/rectum



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Multiple Tumors in Same Organ Reported as a Single Primary
 - IV. Use combination code for:
 - **Bladder: Papillary and urothelial carcinoma (8130)**
 - **Breast: Paget Disease and duct carcinoma (8541)**



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Multiple Tumors in Same Organ Reported as a Single Primary
 - IV. Use combination code for:
 - **Breast: Duct carcinoma and lobular carcinoma (8522)**
 - **Thyroid: Follicular and papillary carcinoma (8340)**



Coding Complex Morphologic Diagnoses

- Histology Coding Rules for Multiple Tumors in Same Organ Reported as a Single Primary
 - V. Code more specific term when one is “NOS” and other is more specific description of same histology
 - VI. Code all other multiple tumors with different histologies as multiple primaries



Coding Complex Morphologic Diagnoses

■ Summary

- Distinguish between ‘subtype of generic term’ and multiple cell type in same lesion
- Apply the coding rules in order
- Understand that some combination codes represent categories, not specific cell types or combinations



Coding Complex Morphologic Diagnoses

■ Summary

- Not all combinations are listed in index
- Use the index **AND** the numeric list
- When in doubt, ask your pathologist or central registry



Coding Complex Morphologic Diagnoses

■ Summary

- Check the pathology ‘blue books’ if available
- It’s OK to change the behavior code
- Document, document, document your choice of codes